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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/553,086

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John P. Biondo

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EXAMINER

DEMILLE, DANTON D

ART UNIT

PAPER NUMBER

3771

NOTIFICATION DATE

DELIVERY MODE

04/30/2009

ELECTRONIC

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

indocket@btlaw.com

<b>Office Action Summary</b>	<b>Application No.</b> 10/553,086	<b>Applicant(s)</b> BIONDO ET AL.	
	<b>Examiner</b> Danton DeMille	<b>Art Unit</b> 3771	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

### Status

- 1) ☒ Responsive to communication(s) filed on 23 January 2009.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

### Disposition of Claims

- 4) ☒ Claim(s) 1-28 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-28 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

### Attachment(s)

- |  |   |
|--|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892)                       | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | Paper No(s)/Mail Date. _____                                      |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>1/23/09</u> .   | 6) <input type="checkbox"/> Other: _____                          |

## **DETAILED ACTION**

### ***Claim Rejections - 35 USC § 103***

**Claims 1, 2, 13-18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Weismiller et al. '548 in view of Foster et al. '091 and Sandman et al. '120.**

Weismiller teaches, for example, a patient-support apparatus having a power and control module 112, 186 that fits into a module-receiving cavity within the base of the patient-support apparatus as shown in figures 11, 12 and 12a. Weismiller teaches, column 6, lines 53-59, "The bed of the present invention includes a base frame or a main frame upon which several basic components are mounted such as the system displays and the air compressor for the various air-driven treatment technologies. The base frame provides various care modules which are mountable on the bed and usable with the control network, display, and air compressors built therein." Weismiller teaches there are a plurality of care modules which are "mountable" on the bed and usable with the air compressors built therein. The plurality of care modules includes modules for various air-driven treatment technologies including compression therapy.

Weismiller doesn't appear to show the air compressor in the drawings however, it would appear to be inherent that the air compressor would be another module, similar to the power and control module 112, 186, that would be received within a recess on the patient support as is done for the power and hydraulic control module. It would likewise be receivable within a module-receiving cavity so that the air compressor can be easily removed for repair or for replacement. There appears to be no unobviousness to exactly how the module is mounted to the patient support. Having the module fit within a recess or cavity would have been well within the realm of the artisan of ordinary skill as suggested by Weismiller. Foster teaches, for example, a patient-

support apparatus having a module-receiving cavity 110 with a latch 116 for removably attaching a compression module 12 to the patient-support apparatus. It would have been obvious to one of ordinary skill in the art to modify Weismiller to receive the compression module within a module-receiving cavity as taught by Weismiller and Foster so that the air compressor can be removable for repair or be replaceable.

Weismiller also teaches “[a]n open product architecture for the communication control network and air controls provides substantial flexibility for future additions of new modules” column 14, lines 48-50. Weismiller also teaches “Yet another of the plurality of air therapy devices is a sequential compression therapy device. A sequential compression device air control module is provided for coupling the sequential compression device to the air handling unit.” Weismiller also teaches “Sequential Compression Device (SCD)--This module will control the optional compression boots” column 66, lines 46-47. The compression boots would appear to comprehend the claimed compression sleeve. Weismiller also teaches “A sequential compression device 1512 for venous compression therapy of a patient is also provided” column 82, lines 12-13. “Figure 49 diagrammatically illustrates how the various modules are added and removed from the network” column 67, lines 31-32. While this diagram doesn’t show the pneumatic connections that would be required for the air driven treatment modules such would be required. Since the SCD controls exactly how the plurality of bladders are inflated in sequence, the module would have to be pneumatically coupled the compression module. This SCD 1512 would include a pneumatic coupler which would comprehend the claimed pneumatic coupler. This coupler would be on a second portion of the patient-support apparatus spaced from

the first portion and the conduits between the compression module and the pneumatic coupler of the sequential compression devices would be routed through the interior of the patient support.

Weismiller additionally teaches "[t]he bed also includes a plurality of air therapy devices located on the bed, and a plurality of control modules. Each control module includes a connector for coupling a corresponding air therapy device to the air handling unit and to the electrical communication network" column 16, lines 30-34. It would appear that Weismiller teaches the heart of applicant's invention. Weismiller teaches the patient support, the compression sleeve, the conduits, the pneumatic coupler and compression module. The only difference appears to be how the different modules are arranged in the patient support. This difference appears to be merely a matter of structural design that is well within the realm of the artisan of ordinary skill that provides no unexpected results.

Sandman additionally teaches a conventional portable compression module 10 for a sequential compression sleeve adapted to couple to a patient's limb for venous compression therapy. If it is felt the boot of Weismiller is not a sleeve then Sandman it provided to teach a sleeve shaped compression sleeve.

If it is felt the compression boot of Weismiller does not comprehend the claimed compression sleeve, then it would have been obvious to one of ordinary skill in the art to further modify the patient-support apparatus of Weismiller to include a sleeve shaped compression sleeve as taught by Sandman as an obvious equivalent alternative compression sleeve since both are doing the same thing but only differ by shape which is dependent on the shape of the body location.

**Claims 3-12, 19-28 are rejected under 35 U.S.C. 103(a) as being unpatentable over the references as applied to claim 1 above, and further in view of Bartlett et al. '096.**

Weismiller appears silent with regard to exactly how the modular components are to be integrated into the patient-support apparatus however any conventional type of modular connection would have been obvious. Foster teaches a module receiving cavity 110 including a coupler 124 to releasably couple the module to communication lines. Weismiller also appears to show a similar module receiving cavity in figure 11. Weismiller also teaches a control unit within a cavity in the siderail of the patient-support apparatus in figures 39 and 42. Figures 40 and 41 additionally show cavities for receiving controls for operating the patient support. As noted by applicant, Weismiller has a whole section of the specification devoted to "Controls on Side Rails". Within this section of the specification Weismiller describes the SCD for applying compression therapy including an interface.

Bartlett teaches a modular compression module 38 that is removably attachable to the foot board or the handrail column 6, lines 42-44. Foster and Weismiller appear to show using cavities within the frame of the patient support which receives control modules. Weismiller appears to show cavities within the siderails for receiving control modules. Bartlett teaches a control module 38 that is attached to the siderails of the patient support. Clearly these control modules have to be attached to the patient support somehow. There appears to be no unobviousness whether the control modules are attached by attaching it to the siderails or within a cavity within the siderail. Such is merely a matter of structural design that provides no unobvious results. It would have been obvious to one of ordinary skill in the art to further modify Weismiller to mount the module on the siderail within a cavity as taught by Bartlett or

anywhere on the patient support apparatus as desired or required. Clearly there is no criticality of location of the module since they can be located anywhere on the patient-support apparatus.

***Response to Arguments***

Applicant's arguments with respect to claims 1-28 have been considered but are moot in view of the new ground(s) of rejection.

Applicant argues that nowhere does Foster, Weismiller, or Sandman disclose or suggest that a conduit is routed through an interior region of the patient support between a module-receiving cavity and a pneumatic coupler that is accessible for selective and releasable attachment of a compression sleeve. Weismiller clearly shows a plurality of conduits 122 that are routed throughout the interior region of the patient support between the module receiving cavity where power unit 112 is located to the associated control modules. While the power unit 112 is for the hydraulic system, clearly there would have to be an equivalent structure provided for the compressor and the air treatment controllers. Weismiller may not show the compression module, the air handling unit, the plurality of air treatment control modules and conduits routed between all of them however, one of ordinary skill in the art would inherently have to provide all of these structures. Weismiller doesn't show such details because such is well within the realm of the artisan of ordinary skill. There is no unobviousness to exactly how these different parts are mounted on the patient support. The different parts could be mounted within cavities within the support structure as taught by Weismiller.

Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a).

Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Danton DeMille whose telephone number is (571) 272-4974.

The examiner can normally be reached on M-F from 8:30 to 6:00 EST.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Justine Yu, can be reached on (571) 272-4835. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

28 April 2009

*/Danton DeMille/*

Danton DeMille  
Primary Examiner  
Art Unit 3771